

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Doctor Voice 4 Patient Choice PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel Durrie**

Mailing Address 5415 Mission Drive

City State Zip Code  
Mission Hills KS 66208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Durrie Vision

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2014

**Transaction ID : C6400083**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alan Faulkner**

Mailing Address 520 Lunalilo Home Rd, Unit 103

City State Zip Code  
Honolulu HI 96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aloha Laser Vision

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2014

**Transaction ID : C6400080**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Christopher Harper**

Mailing Address 4510 West 95th St

City State Zip Code  
Prairie Village KS 66207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alphaeon Corporation

Occupation

Alphaeon Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2014

**Transaction ID : C6400078**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00